

Project No: _____

Permit #

Receipt/Trans #

Check #

Date Entered:

Date Issued:

APPLICATION FOR COMMERCIAL / RESIDENTAL POOL-HOT TUB & WADING POOL

The City of Grove City 4035 Broadway Grove City, Oh 43123
Phone (614) 277-3075 www.grovecityohio.gov Fax (614) 277- 3090

Property Information

Address _____ Parcel ID _____
City _____ State _____ Zip _____
Zoning _____ HPA ☐ Rental Property ☐
Subdivision _____ Lot Number _____ Building _____ Unit _____

Owner Information

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____

Project Information

Project Name/ Tenant: _____ **Description:** _____

Ownership Type: ☐ Private ☐ Public

Type of Improvement: ☐ Addition/Alteration ☐ New Building ☐ Other ☐ Repair/Replace

Principle Frame Type: ☐ Masonry/Wall Bearing ☐ Reinforced Concrete ☐ Structural Steel ☐ Wood Frame

City Ordinance 1325.03 (See this section for descriptions)

Type of project: ☐ In-Ground \$150.00 ☐ Above-Ground \$50.00 ☐ Wading Pool \$50.00 ☐ Spa \$50.00

Construction Type: 1. ☐ New ☐ Renovation 2. ☐ Public ☐ Private 3. ☐ Above ground ☐ In ground ☐ Indoor
4a. Pool heater ☐ Yes ☐ No 4b. ☐ Gas ☐ Electric 5. ☐ Pool and/or wading pool fence/barrier

☐ Perimeter Enclosure > 5 Feet ☐ 4" diameter sphere shall not pass through any opening ☐ Gates opening shall be lockable, self- closing and self- latching

Electric Contractor: _____ (must pull separate electric permit) **Permit #** _____
All electric must conform to Article 680 of the National Electrical Code

Cost of Improvements \$ _____ **Diving board** ☐ Yes ☐ No **Pool depths:** _____ - _____

**** Pool structure specifications and cut sheets required ****

Type of permanent fence around pool: _____ **Height of Permanent fence around pool** _____ (Five-foot minimum required).

Survey required showing: Pool location, Location of fence, Show deck around pool, Contour lines at one-foot intervals
Easements, Setback lines, Equipment locations, Show all overhead and above utilities with dimensions from pool

INSPECTORS INITIALS: _____ **DATE:** _____

FEE \$ _____ **If Commercial add 3% STATE FEE \$** _____ **TOTAL FEE DUE \$** _____

*** APPLICATIONS FOR FENCE & ELECTRIC PERMITS ARE REQUIRED PRIOR TO ISSUANCE OF THIS PERMIT ***

Contractor Information

DBA _____ **G.C. Registration #** _____
E-Mail _____ **Contact Number** _____

24 Hr. Inspection Line 614-277-1812 (Inspections must be called in before 12:00 NOON for next day service)

Expires 12/06

Revised 4/06

City of Grove City
Building and Planning Division
4035 Broadway
Grove City, Oh 43123
614-277-3075 grovecityohio.gov Fax 614-277-3090

Door Protective Verification Form

(Pool and Spa Barriers)

The ***Ohio Residential Code*** mandates that all doors providing direct access from the residence to a swimming pool and/or spa be provided with door exit alarms or self-closing and self-latching devices, unless the pool and/or spa is provided with an approved safety cover or the pool and/or spa is isolated from direct access to the home by an approved pool fence and gate enclosure.

IF THE DOOR EXIT ALARM OPTION IS UTILIZED:

- a) The alarm must be listed by Underwriters Laboratories (UL) as an exit alarm.
- b) The alarm must sound an audible, continuous warning when the door is opened or left ajar.
- c) The alarm deactivation mechanism must be mounted at least 54 inches above the floor.
- d) The alarm may be battery operated or may be connected to the building's electrical wiring.

IF THE SELF-CLOSING AND SELF-LATCHING DOOR OPTION IS UTILIZED:

- a) The release mechanism for the self-latching device shall be placed no lower than 54 inches above the floor.
- b) The self-closing device must cause the door to close and latch automatically, without any other assistance.

I, _____ own and live in the dwelling located
(Print Property Owner's Name)

at: _____, and do hereby verify that
(Address)

the door alarm(s) or self-closing and self-latching devices on all doors providing direct access to the pool and/or spa area from the home have been installed in compliance with the conditions listed above and with the manufacturer's installation instructions and further that they have been tested and do function properly.

I have read and understand the above requirements and affirm by my signature that all required items mentioned above have been properly installed and tested.

Signature of Property Owner

Date

**** Notice ****

This form must be completed and returned to the Building Department before the Final Inspection is requested.

(A self addressed, stamped envelope is attached)